

**MARICOPA INTEGRATED HEALTH SYSTEM HEALTH PLANS
PROTOCOL**

SUBJECT: Erect-Aide	Protocol #: PA P165.02 Protocol Pages: 1 Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Initial Effective Date: June 1999 Latest Review Date: May 2002
APPLIES TO: MHP <input checked="" type="checkbox"/> MLTCP <input type="checkbox"/> MSSP <input checked="" type="checkbox"/> HEALTHSELECT <input type="checkbox"/>	
MIHS HEALTH PLANS APPROVALS: Director, Medical Management: _____ Date: _____ Medical Director: _____ Date: _____	

PURPOSE: The purpose of this protocol is to state the Prior Authorization Criteria that the Medical Management Department will use as it pertains to Erect-Aide. **This is only covered for MHP-EPSDT members and MSSP.**

PROTOCOL:

- A. The prior-authorization specialist may approve **with prior authorization nurse review** and if **all** the following are present:
 - 1. Symptomatic: Impotent for more than one year. Unable to obtain vaginal penetration;
 - 2. A nocturnal tumescence study that confirms the impotence;
 - 3. A thorough medical evaluation by the patient's FP, IM, *etc.* that has excluded reversible, treatable medical causes of impotence, such as
 - a) Side effects of antihypertensive medications, *etc.*;
 - b) Endocrine conditions associated with impotency (*i.e.* primary gonadal failure, hyperprolactinemia from a pituitary tumor, *etc.*);
 - 4. Urology consultation concurs with the use of the device **and**
 - 5. The patient is an MSSP member. AHCCCS does not cover this device.
- B. This criteria is a guideline for prior authorization and does not represent a standard of practice or care.
- C. This protocol addresses medical coverage issues only and does not review individual benefit coverage issues. In order to issue an authorization number, the procedure must meet medical guidelines and benefit coverage guidelines under the specific plan.
- D. If requirements are not met, Medical Director review is required.

MIHS Health Plans reserves the right to change the protocol for administrative or medical reasons without notification to external entities. This protocol is not intended to be utilized as a basis for a claim submission.